

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1530**

Office of Registrar of Vital Statistics.

Ward **8**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. **B**

Date of Death, **July 18**

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Agnes Tracy**

Sex, **Male** or Female, { Cross out the word not required in this line. }

Age, **—** Years, **3** Months, **—** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore City**

Duration of Residence in the City of Baltimore, **Lifetime**

Place of Death, { Give Street and Number. } **836 Huford Ave**

Cause of Death, { First (Primary), Second (Immediate), } **Malas, m.s.**

Exhaustion

Duration of Last Sickness, **3 weeks**

All the above information should be furnished by the Physician.

Place of Burial, **July Gross Cemetery.**

Date of Burial, **July 19th 1887.**

Undertaker, **Evans & Spence** **J. H. Robinson** M. D.

Medical Attendant.

Place of Business, **1000 E. Baltimore** Address, **725 Greenmount Ave**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

A 1531

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 19, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Carrie Robbins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Castor, Pennsylvania

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

5 months

Duration of Residence in the City of Baltimore,

1810 Hanover

Place of Death, { Give Street and Number. }

Cholera Infirmary

Cause of Death, { First (Primary),

5 days

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Castor Cemetery

Oct. 1, 1887

Date of Burial, July 20, 1887

M. D.

{ Undertaker, C. Scholman

Medical Attendant.

{ Place of Business, 1039 Hanover Address, 104 Fort Ave

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1535 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 19 1864

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary M. May

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 66

Years,

Months, —

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give Street and Number. }

720 S 19th St

Cause of Death, { First (Primary), Second (Immediate), }

Chorea mortis

collapse

Duration of Last Sickness,

Five days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 21 1864 M. D.

Undertaker, John C. Shultz Medical Attendant

Place of Business, 265 Nine Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1583

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, July 19th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna Doerr

Sex, Male or Female, { Cross out the word not required in this line. } B

Age, 22 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give Street and Number. } 1042 S. Sharp St

Cause of Death, { First (Primary), Cholera morbus
Second (Immediate), Aethentia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 21st 1887

Dr. H. Combs

M. D.

Medical Attendant.

{ Undertaker, F. C. Kochley

{ Place of Business, Sharp & Gross Address, 610 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A/534 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 7.18.87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ann Jane Ware.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 95 Years, Months, Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ?

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, { Give Street and Number. } 814 Pysaw

Cause of Death, { First (Primary), Probably age - I have not seen this woman lately but they say no Second (Immediate), doctor has seen her since I attended her. }

Duration of Last Sickness, ?

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 20th 1887

{ Undertaker, Alex Hensley }

M. D.

Medical Attendant

{ Place of Business, 561 Orchard Street, }

772 Lever

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1585 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, Years, 3 Months, 14 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary),
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem

Date of Burial, July 20 1887 by Thodore L. Cole M. D.

Undertaker, John Kervig

Medical Attendant.

Place of Business, 2008 Orleans Address, 578 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

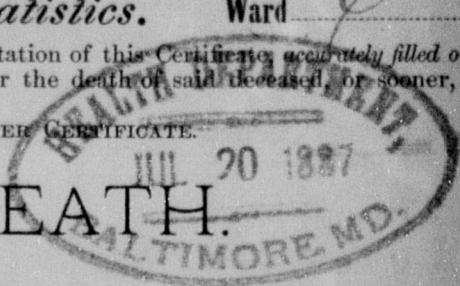
Permit No. **A 1536**

Office of Registrar of Vital Statistics. Ward **6**

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CERTIFICATE OF DEATH.



Date of Death, **July 18 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **George Henry Anderson B**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **1** Years, **0** Months, **0** Days.

Color, **white**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **None**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **1725 Orleans St Baltimore**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give Street and Number. } **1725 Orleans St**

Cause of Death, { First (Primary), Second (Immediate), } **Convulsions**

Duration of Last Sickness, **1 day**

All the above information should be furnished by the Physician.

Place of Burial, **Mount Carmel Cemetery**

Date of Burial, **July 20 1887**

Undertaker, **John Henwig**

M. D.

Medical Attendant.

Place of Business, **2008 Orleans**

Address, **1435 Orleans**

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1587

Office of Registrar of Vital Statistics.

Ward 1

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CERTIFICATE OF DEATH

Date of Death,

July 18th 1888 BALTIMORE MD.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 24 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 29th 1888

Undertaker, J. H. Sanders & Son

Place of Business, 1708-10 Canton Avenue

S. Halliday, M. D.
Medical Attendant

319 W. Lombard Street

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1538**

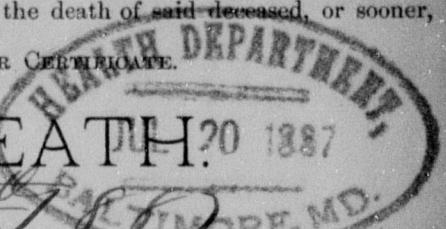
Office of Registrar of Vital Statistics.

Ward **15**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, **July 19, 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Paula O'Call**

Sex, Male or Female, { Cross out the word not required in this line. } **Female**

Age, **1** Years, **8** Months, **18** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **Baltimore**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore**

Duration of Residence in the City of Baltimore, **1 year**

Place of Death, { Give Street and Number. } **44 Williamson**

Cause of Death, { First (Primary), Second (Immediate), } **Chronic Bright's Disease**

Duration of Last Sickness, **2 months**

All the above information should be furnished by the Physician.

Place of Burial, **Mount Oliver**

Date of Burial, **July 21st**

{ Undertaker, **B. Harle**

{ Place of Business, **115 West St**

Harvee Corke M. D.

Medical Attendant.

Harvee Corke

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 539

Office of Registrar of Vital Statistics.

Ward 15

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CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

England

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death, { Give Street and Number. }

107 W. Montgomery St.
Cholera Infantum.

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

About one week

All the above information should be furnished by the Physician.

Place of Burial,

Chet Shalon

Date of Burial,

July 20, 1887

Undertaker,

Evans & Spence

Place of Business,

1000 E. Baltimore

Address, Southern Dispensary

Medical Attendant.

J. B. White M. D.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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